

**PART B—ISSUE FEE TRANSMITTAL**

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B \$

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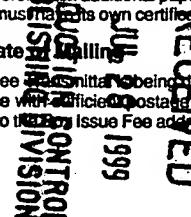
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IM62/0427

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Neil Ramsaroop

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/678,776	07/11/96	066	JENKINS, D	1742 04/27/97
First Named Applicant	ABRAMS,		JOHN T.	

**TITLE OF INVENTION** LEAD-FREE FRANGIBLE BULLETS AND PROCESS FOR MAKING SAME

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 12004	075-247.000	S38	UTILITY	NO	\$1210.00	07/27/97
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.				1 Kalow Springut & Bressler LLP 2 _____ 3 _____		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)				4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):		
<b>PLEASE NOTE:</b> Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.				<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____		
<b>(A) NAME OF ASSIGNEE</b> Delta Frangible Ammunition, LLC <b>(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)</b> Stafford, Virginia, United States of America Please check the appropriate assignee category indicated below (will not be printed on the patent)				4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 11-0171 (ENCLOSE AN EXTRA COPY OF THIS FORM) <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 3		
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.						

(Authorized Signature)

(Date)

26 July 97

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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07/30/1997 512P1R1 00000070 1.0171 08671175  
 01 FC:261 2.00 CP  
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